

State of Hawaii Department of Health

RFP Title:
Professional Services for the
Early Intervention Section

RFP Number: HTH 530-AFS-04

(April 12, 2004)

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

IMPORTANT INFORMATION

ONE ORIGINAL AND ONE COPY OF THE PROPOSAL ARE REQUIRED.

**ALL MAIL-INS MUST BE POSTMARKED BY U.S. POSTAL SERVICE
BEFORE 12:00 MIDNIGHT, May 14, 2004**

All Mail-ins

Department of Health
Early Intervention Section
1600 Kapiolani Blvd., Suite 1401
Honolulu, Hawaii 96814

DOH RFP COORDINATOR

Helene Kaiwi
For further info. or inquiries
Phone: 973-9654
Fax: 973-9655

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITE UNTIL
4:30 P.M., May 14, 2004.**

Drop-off Site

Department of Health
Early Intervention Section
1600 Kapiolani Blvd., Suite 1401
Honolulu, HI 96814

BE ADVISED: All mail-ins postmarked U.S. Postal Service after 12:00 midnight, May 14, 2004, will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:30 p.m., May 14, 2004.

Deliveries by private mail services such as Fedex shall be considered hand deliveries and will not be accepted if received after 4:30 p.m., May 14, 2004.

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Early Intervention Section
 Children with Special Health Needs Branch
 Department of Health, State of Hawaii
 1600 Kapiolani Blvd., Suite 1401
 Honolulu, Hawaii 96814
 Phone: (808) 973-9654 Fax: (808) 973-9655

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	April 12, 2004
Distribution of RFP	April 12, 2004
RFP orientation session	April 19, 2004
Closing date for submission of written questions for written responses	April 23, 2004
State purchasing agency's response to applicants' written questions	April 30, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	Not Applicable
Proposal submittal deadline	May 14, 2004
Discussions with applicant after proposal submittal deadline (optional)	Not Applicable
Final revised proposals (optional)	Not Applicable
Proposal evaluation period	May/June 2004
Provider selection and award	June 2004
Notice of statement of findings and decisions	June 2004
Contract start date (anticipated)	July 1, 2004

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on April 19, 2004 from 9:30 a.m. to 11:00 a.m. at the Early Intervention Section Conference Room located at the Pan Am Building, 1600 Kapiolani Blvd., Suite 1401, Honolulu, Hawaii 96814.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. The deadline for submission of written questions is 4:30 p.m. H.S.T., on April 23, 2004. All written questions will receive a written response from the state purchasing

agency. State purchasing agency responses to applicant written questions will be sent by April 30, 2004.

VII. Submission of Proposals

Proposals must contain the following components:

- (1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200).*** Templates for both Form SPO-H-200A and Form SPO-H-200 are available electronically. Your request for these templates should be emailed to helene.kaiwi@fhds.health.state.hi.us
- (2) ***Registration Form (SPO-H-100A) (Section 5, Attachment A)*** – If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>
Click on *Health and Human Services*
Click on *The Registered List of Private Providers for Use with the Competitive Method of Procurement*
or call the purchasing agency at 973-9654 or the State Procurement Office at 587-4706.
- (3) ***Certifications*** - Federal certifications, as applicable.

One original and 1 copy of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated in Section IV above (Procurement Timetable). Any proposal post-marked or received after the designated date and time shall be rejected.

Submission of proposals by applicants through telefacsimile, electronic mail, and/or computer diskette is **not** permitted by the state purchasing agency.

VIII. Cancellation of Request for Proposal

The request for proposal may be cancelled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

IX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

Section 2

Service Specifications

I. Introduction

A. Background

The Early Intervention Section (EIS), Children with Special Health Needs Branch (CSHNB), Family Health Services Division (FHSD), is soliciting applications for the purpose of providing family-centered, community-based evaluation, treatment, and consultation services for infants and toddlers, birth to age three, with developmental delays and their families.

B. Purpose or Need

The State of Hawaii is mandated to provide early intervention services to infants and toddlers, under the age of three, who are eligible for services based upon criteria outlined in Individuals with Disabilities Education Act (P.L. 105-17, aka IDEA), Part C, and the Hawaii Early Intervention State Plan. There is a need to identify and contract with additional providers to ensure that the early intervention services are available statewide.

C. Description of the goals of the service

The goals of the early intervention services are to enhance the development of infants and toddlers with special needs and to minimize the likelihood of institutionalization, and enhance the capacity of families to meet the special needs of their infants and toddlers.

D. Description of the target population to be served

Infants and toddlers, under the age of three, with developmental delays and their families, who are determined to be Part C eligible (under IDEA), can receive the early intervention services under this RFP.

E. Geographic coverage of service

Statewide. The APPLICANT may apply to provide services for one or more islands, or a specific community (e.g., Waianae, East Hawaii).

F. Probable funding amounts, source, and period of availability

Contingent upon the availability of State, Federal, and Special funds per fiscal year.

II. General Requirements

A. Specific qualifications or requirements, including but not limited to licensure or accreditation

Personnel qualifications must meet licensure or accreditation requirements of the discipline(s) indicated in this RFP.

B. Secondary purchaser participation (Refer to ' 3-143-608, HAR)

Not applicable.

C. Multiple or alternate proposals (Refer to ' 3-143-605, HAR)

Allowed ☒ Unallowed

D. Single or multiple contracts to be awarded (Refer to ' 3-143-206, HAR)

Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded (Refer to ' 3-149-302, HAR)

Single term (<2 yrs) ☒ Multi-term (>2 yrs)

Multi-term contracts may be awarded for specified periods of time not to exceed June 30, 2010. Any extensions beyond the initial term of the agreement will require a written amendment between the State and the contractor.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers.

Helene Kaiwi, M.S.W., L.S.W.
 Contracts & Quality Assurance Coordinator
 Early Intervention Section
 1600 Kapiolani Blvd., Suite 1401
 Honolulu, HI 96814
 Phone: (808) 973-9654

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

- 1) Provide family-centered, community-based, and discipline specific evaluation, therapy, and consultation services based on the individual needs of each child, infants and toddlers, with special needs under the age of three (3) who have been authorized to receive these services by the STATE=s Early Intervention Section.
- 2) Provide consultation or information to program staff of the STATE or its contracted service providers regarding the CONTRACTOR=s specific area of discipline as requested by the STATE.
- 3) Participate in Individual Family Support Plan meetings or other meetings concerning the child=s progress as requested by family members or the program staff of the STATE or its contracted service providers.
- 4) Provide training and assistance to family members to increase the family=s ability to support their child=s development.
- 5) Submit a written evaluation report within two weeks following the evaluation to the child=s family, and the STATE=s or contracted service provider=s care coordinator of the child and family. Reports shall include recommendations regarding the frequency and, if needed, intensity of therapy services.
- 6) Submit written quarterly reports two weeks prior to the end of each quarter to the child=s family, and the STATE=s or contracted service provider=s care coordinator of the child and family.

B. Management Requirements

1) Personnel

License or certification to practice in the state, if required.

2) Administrative

Not applicable.

3) Quality assurance and evaluation specifications

Not applicable.

4) Output and performance/outcome measurements

Not applicable.

5) Reporting requirements for program and fiscal data

Note: Program and fiscal data reporting requirements may change to be in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA).

- a) Written evaluation report within two weeks following the evaluation to the child's family and the STATE's or contracted service provider's care coordinator of the child.
- b) Written quarterly reports two weeks prior to the end of each quarter to the child's family and the STATE's or contracted service provider's care coordinator of the child.
- c) Invoices for payment shall be submitted monthly in the format designated by the STATE.

6) Pricing or pricing methodology to be used

Hourly rate.

7) Units of service and unit rate

To be negotiated. A contract shall be entered into only upon successful negotiation of a unit rate(s).

Section 3

POS Proposal Application

General instructions for completing applications:

- *POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Background and Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Background and Summary

N/A

II. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed service(s) for infants and toddlers with special needs. The applicant shall also provide a listing of verifiable experience in the following areas:

1. Providing direct services to infants and toddlers, birth to age three, with special needs;
2. Conducting family-centered interviews that identify the child's strengths and needs and any other related family concerns;
3. Completion of evaluation reports within two weeks;
4. Completion of quarterly progress reports;
5. Participation in Individualized Family Support Plans (IFSPs);
6. Knowledge and understanding of IDEA, Part C requirements in the delivery of proposed service (e.g. completion of IDEA, Part C training); and
7. Other related experiences.

B. Quality Assurance and Evaluation

The applicant shall describe its quality assurance plan for the proposed service(s), including its methodology.

C. Coordination of Services

The applicant shall demonstrate its capability to coordinate and collaborate with other IDEA, Part C agencies and community resources.

D. Facilities

The applicant shall provide a description of its facilities if the early intervention service(s) may be provided in that facility. Also describe how the facilities meet ADA

requirements, as applicable, and special equipment that may be required for the services.

III. Personnel: Project Organization and Staffing

A. Proposed Staffing

The applicant shall describe the proposed staffing available to provide the proposed early intervention service(s). **Attach a resume for all staff** who will provide identified service(s).

B. Staff Qualifications

The applicant shall provide information on the minimum qualifications for the staff indicated above. In addition to minimum qualifications, provide information on the staff experience in the following areas:

1. Experience evaluating infants and toddlers under age 3 using the HELP, the Battelle, and/or the Early Intervention Developmental Profile.
2. Experience evaluating infants and toddlers under age 3 using evaluation instruments specific to service discipline.
3. Experience providing therapy, consultation, and other direct services to infants and toddlers under the age of 3.
4. Experience in coaching families on how to support their child's development in their daily activities and routines.
5. Other related experience providing services to infants and toddlers.

C. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed service(s). Please indicate whether interns will be utilized, and if so describe the supervision and training to be provided.

D. Organization Chart

N/A

IV. Service Delivery

A. Service Activities

1. Check off the service(s) to be provided:

- ☐ Assistive Technology
- ☐ Audiology
- ☐ Intensive Behavioral Support (e.g. discrete trial training)
- ☐ Interpretation Services – Foreign Language
- ☐ Interpretation Services – Sign Language
- ☐ Nutritional Services
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Psychological Services
- ☐ Social Work
- ☐ Special Instruction
- ☐ Speech Language Pathology
- ☐ Transportation
- ☐ Vision

2. Applicants shall check off applicable method(s) of service delivery as follows:

- ☐ Individual
- ☐ Group
- ☐ Other (list):

3. Services are needed statewide. Geographical areas are listed on the Title Page, SPO-H-200. Please check off the setting(s) in which you are willing to provide services:

- ☐ Home
- ☐ Early Intervention Program
- ☐ Community Preschool
- ☐ Community Daycare (e.g. home of child care provider)
- ☐ Other Community Locations (e.g. park)
- ☐ Your Office
- ☐ Other (list):

4. Check off the day(s) and time(s) in which you are willing to provide the comprehensive developmental evaluations:

	Daytime (8:00 am - 4:30 pm)	Evenings (4:30 pm - 7:30 pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

B. Management Requirements

N/A

V. Financial

Although the unit rate is negotiable, please submit any Department of Health approved rates that you are currently using with this application.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

<u>Evaluation Categories</u>		<u>Possible Points</u>
Mandatory Requirements		Pass or Rejected
<i>POS Proposal Application</i>		100 Points
Background and Summary	N/A	
Experience and Capability	40 points	
Personnel: Project Organization and Staffing	30 points	
Service Delivery	30 points	
Financial	N/A	
TOTAL POSSIBLE POINTS		100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements**1. Administrative Requirements**

- Registration (if not pre-registered with the State Procurement Office)
- Certifications (as applicable)

2. POS Proposal Application Requirements

- POS Proposal Application Title Page (Form SPO-H-200)
- POS Proposal Application (SPO-H-200A)
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial (N/A)

B. Phase 2 - Evaluation of POS Proposal Application (100 Points)**1. Background and Summary**

N/A

2. Experience and Capability (40 Points)

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed service.
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- Demonstrated capability to coordinate services with other agencies and resources in the community.
- Adequacy of facilities, if appropriate, relative to the proposed service.
- Evidence of knowledge and understanding of IDEA, Part C requirements in the delivery of the proposed service (e.g. completion of IDEA, Part C training)

3. *Personnel: Program Organization and Staffing (30 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- That the proposed staffing pattern meets the requirements.
- Minimum qualifications (including experience) for staff assigned to the program.
- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.

4. *Service Delivery (30 Points)*

Evaluation criteria for this section will assess the applicant's ability to:

- Provide early intervention service(s) in a variety of settings.
- Provide early intervention service(s) for a variety of days and times.
- Ability to attend IFSP meetings.

5. *Financial*

N/A

C. Phase 3 - Recommendation for Award

The Evaluation Committee will prepare a Notice of Award that shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

STATE PROCUREMENT OFFICE

POS PROPOSAL APPLICATION TITLE PAGE

STATE AGENCY ISSUING RFP: DOH:EARLY INTERVENTION SECTION
RESPONSE TO RFP#: HTH 530-AFS-04 RFP TITLE: PROFESSIONAL SERVICES FOR THE EARLY INTERVENTION SECTION

Check one:

☐ INITIAL POS PROPOSAL APPLICATION☐ FINAL REVISED PROPOSAL (COMPLETED ITEMS _____ - _____ ONLY)**1. APPLICANT INFORMATION:**

LEGAL NAME: _____

DBA: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

NAME _____

Title _____

Phone # _____

Fax # _____

e-mail _____

3. TYPE OF BUSINESS ENTITY:

- ☐ NON PROFIT CORPORATION
☐ FOR PROFIT CORPORATION
☐ LIMITED LIABILITY COMPANY
☐ SOLE PROPRIETORSHIP
☐ PARTNERSHIP

4. FEDERAL TAX ID #: _____**5. STATE TAX ID #:** _____**6. SSN (IF AN INDIVIDUAL):** _____**7. DESCRIPTIVE TITLE OF APPLICANT'S PROGRAM:****8. TARGET GROUP:****9. GEOGRAPHIC AREA(S) APPLICANT IS ABLE TO SERVE:**

- ☐ EAST HAWAI'I ☐ KAUAI
☐ WEST HAWAI'I ☐ LEEWARD O'AHU
☐ MAUI ☐ CENTRAL O'AHU
☐ MOLOKA'I ☐ WINDWARD O'AHU
☐ LANA'I ☐ HONOLULU

10. GENERAL POPULATION(S) APPLICANT IS ABLE TO SERVE:

- ☐ INFANTS AND TODDLERS: 0-3 YEARS OF AGE
☐ CHILDREN 3-5 YEARS OF AGE
☐ CHILDREN: 5-10 YEARS OF AGE
☐ ADOLESCENTS: 10-18 YEARS OF AGE
☐ ADOLESCENTS & ADULTS: 18-21 YEARS OF AGE
☐ ADULTS: 21-59+ YEARS OF AGE
☐ ELDERS: 60+ YEARS OF AGE
☐ FAMILIES

11. FUNDING REQUEST:

FY ____:

FY ____:

FY ____:

FY ____:

TOTAL: _____

12. LICENSING AND BUSINESS STATUS QUALIFICATION:

- ☐ APPLICANT IS PREREGISTERED.
☐ APPLICANT IS NOT PREREGISTERED-FORM SPO-H-100A AND
 REQUIRED DOCUMENTATION IS ATTACHED.

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE_____
NAME & TITLE_____
DATE SIGNED

STATE OF HAWAII
STATE PROCUREMENT OFFICE
REGISTRATION STATEMENT
OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY
(CHAPTER 103F, HRS)

1. APPLICANT INFORMATION:

Legal Name: _____

DBA: _____

2. CONTACT PERSON FOR MATTERS INVOLVING THIS STATEMENT:

Name: _____

Title: _____

Phone: _____ Fax: _____

e-mail: _____

3. ADDRESS:

Street Address:

Mailing Address:

4. TYPE OF BUSINESS ENTITY:

- ☐ NON PROFIT CORPORATION
☐ FOR PROFIT CORPORATION
☐ LIMITED LIABILITY COMPANY
☐ SOLE PROPRIETORSHIP
☐ PARTNERSHIP

5. GEOGRAPHIC AREA(S) APPLICANT IS INTERESTED IN SERVING:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> EAST HAWAI'I | <input type="checkbox"/> KAUAI |
| <input type="checkbox"/> WEST HAWAI'I | <input type="checkbox"/> LEEWARD O'AHU |
| <input type="checkbox"/> MAUI | <input type="checkbox"/> CENTRAL O'AHU |
| <input type="checkbox"/> MOLOKA'I | <input type="checkbox"/> WINDWARD O'AHU |
| <input type="checkbox"/> LANA'I | <input type="checkbox"/> HONOLULU |

6. GENERAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:

- ☐ CHILDREN: 0-3 YEARS OF AGE
☐ CHILDREN: 3-5 YEARS OF AGE
☐ CHILDREN: 5-10 YEARS OF AGE
☐ CHILDREN: 10-12 YEARS OF AGE
☐ ADOLESCENTS: 12-18 YEARS OF AGE
☐ ADOLESCENTS AND ADULTS: 18-21 YEARS OF AGE
☐ ADULTS: 21-59+ YEARS OF AGE
☐ ELDERS: 60+ YEARS OF AGE
☐ FAMILIES
☐ OTHER _____

7. SPECIAL POPULATION(S) APPLICANT IS INTERESTED IN SERVING:

- ☐ CHILDREN WITH SPECIAL NEEDS UNDER THE AGE OF 3
☐ CHILDREN WITH SPECIAL NEEDS OVER THE AGE OF 3
☐ INCARCERATED YOUTH
☐ ADJUDICATED YOUTH RESIDING IN THE COMMUNITY
☐ CHILDREN AND ADOLESCENTS IN NEED OF MENTAL HEALTH SERVICES
☐ CHILDREN WHO HAVE BEEN HARMED OR ARE THREATENED WITH HARM AND THEIR FAMILIES
☐ SERIOUSLY MENTALLY ILL ADULTS
☐ PERSONS WITH DEVELOPMENTAL DISABILITIES/MENTAL RETARDATION
☐ INCARCERATED ADULTS
☐ ADULTS UNDER THE SUPERVISION OF THE COURTS
☐ DEPENDANT OR DISABLED ADULTS OVER THE AGE OF 18
☐ IMMIGRANTS/REFUGEES
☐ OTHER _____

STATE PROCUREMENT OFFICE
REGISTRATION STATEMENT
OF HEALTH AND HUMAN SERVICE PROVIDER RESPONSIBILITY
(CHAPTER 103F, HRS)

WHEREAS, the undersigned provider of health and human services (the "Provider") is interested in competing for contracts awarded by the State of Hawai'i (the "State") for the provision of health and human services to Hawai'i residents, and desires to make this Registration Statement of Provider Responsibility ("Statement") in an effort to help promote greater efficiency in the competitive purchase of service procurement process pursuant to chapter 103F, HRS; and

WHEREAS, this Statement covers only general factors governing the responsibility of providers, and individual state agencies may have more or less stringent requirements for establishing the responsibility of providers;

NOW, THEREFORE, the Provider makes the following statements and representations as evidence of the Provider's responsibility, compliance with applicable law, and sound business practices:

1. Tax Clearance Certificate. The Provider has obtained, or will obtain before any award of a contract to the Provider, a tax clearance certificate for both federal and state taxes.
2. Liability Insurance. The Provider has obtained, or will obtain before any award of a contract to the Provider, liability insurance in the amount of at least one million dollars (\$1,000,000).
3. Discrimination. The Provider is in compliance with all applicable federal, state, and county laws forbidding discrimination, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
4. Persons with Disabilities. The Provider is in compliance with all applicable federal, state, and county laws governing the treatment of persons with disabilities, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
5. Smoking. The Provider is in compliance with Chapter 328K, HRS, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
6. Drug-Free Workplace. The Provider is in compliance with the Drug Free Workplace Act of 1988, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
7. Licenses and Permits. The Provider has all licenses, certifications, and permits required by applicable federal, state, and county law in order to conduct the Provider's business, and shall maintain such licenses, certifications, and permits throughout the term of any contract awarded to the Provider by the State.

8. General Law. In addition to the areas specifically addressed in items 1-7 above, the Provider is in compliance with all applicable federal, state, and county law, and shall maintain such compliance throughout the term of any contract awarded to the Provider by the State.
9. Business Practices. The Provider conducts its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:
- a. fiscal or accounting policies and procedures, or both;
 - b. personnel policies and procedures;
 - c. program policies and procedures;
 - d. written policies required by applicable federal, state, or county law; and
 - e. client and employee grievance policies and procedures.
10. Documentation. In the event that the Provider decides to compete for the award of a contract with the State, the Provider will cooperate with any reasonable request from the State for documents supporting this Statement.
11. Duty to Update Registration Information. Whenever there is a change to a registered Provider's status, it is the duty of the provider to update documents submitted for registration within fifteen calendar days and shall be submitted to the State Procurement Office.

The undersigned authorized representative of the Provider certifies that this statement is true and correct to the best of the Provider's knowledge.

DATED: _____, _____, _____
(Date) (City) (State)

Individuals:

Organizations:

(Typed Name of Individual)

(Typed Name of Organization)

(Signature)

By: _____
(Signature)

(Typed Name)

(Social Security Number or Federal Taxpayer ID Number)

Its: _____
(Position)

(State General Excise Tax Number)

(Federal Taxpayer I.D. Number or EIN)

(State General Excise Tax Number)

State Procurement Office
1151 Punchbowl Street, #230-A
Honolulu, Hawaii 96813

**Instructions for the
Registration Statement
of Health and Human Service Provider Responsibility
(Chapter 103F, HRS)**

There are two requirements to register with the State Procurement Office:

1. Complete, sign and submit Form SPO-H 100A, Registration Statement of Health and Human Service Provider Responsibility. (See some quick tips about completing the form.)
The completed form should be sent to the State Procurement Office, Health & Human Services Section at:
1151 Punchbowl St., #230A
Honolulu, HI 96813
2. Applicants must be registered and in good standing with the Hawaii Department of Commerce and Consumer Affairs (DCCA). The State Procurement Office checks good business standing with the DCCA by checking their website at <http://www.ehawaii.gov.org/dcca/cogs/exe/cog.cgi>. Please check the DCCA Business Registration-Certificate of Good Standing website before submitting your Form SPO-H-100A. If you are not registered with the DCCA, you may contact the Business Registration Division of the DCCA at (808) 586-2727 or check their website at: <http://www.BusinessRegistrations.com/>.

Exception:

Sole Proprietorships/Individuals- Sole proprietorships are not required to register with the DCCA.

**Tips About Completing Form SPO-H-100A,
Registration Statement of Health and Human Service Provider Responsibility**

This form is fairly self explanatory.

Item	Title	Instructions/Explanation
1	Applicant Information	The "Legal Name" is the legal name of the business entity of the private provider. For sole proprietorships it is the sole proprietors legal name. "DBA" means doing business as. Sometimes a business is known by a name other than it's legal name.
2	Contact person	This is a person who can answer any questions about the business. The contact person for a business/private provider must not be state personnel with whom you conduct business.
3	Address	The "Business Address" is where the business is physically located. The "Mailing Address" is where all mail to the business should be sent. Sometimes the addresses are

State Procurement Office
1151 Punchbowl Street, #230-A
Honolulu, Hawaii 96813

**Instructions for the
Registration Statement
of Health and Human Service Provider Responsibility
(Chapter 103F, HRS)**

		different.
4	Business entity	Check the appropriate business entity for your business.
5 6 7	Geographic Area, General Population, Special Population	Select all the choices that are appropriate for your business. This is for information only. Should you later decide you wish to serve a geographic area or population that you did not select, it will not keep you from competing for such contracts.
Pages 2-3		This is for your information should you compete for and be awarded a contract. The items listed (such as tax clearance and certificate of insurance) will be required at the time of the solicitation or contracting by the purchasing agency. (Check with the purchasing agency as to when they are required.) Do not send those items to the State Procurement Office. You only need to send the completed Form SPO-H-100A (3 pages) to the State Procurement Office.
Page 3	Signature	If you are applying as individual/sole proprietor complete the side marked "Individual." All other business should complete the side marked "Organizations."

Questions or comments? Contact:
Mara Smith at 808.587.4704 or mara.smith@hawaii.gov or
Corinne Higa at 808.587.4706 or corinne.y.higa@hawaii.gov.

Our website is:
<http://www.spo.hawaii.gov>
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